

File No: 02-883
Prepared By & Return To:
Bridgforth & Buntin
P. O. Box 241
Southaven, MS
(662) 393-4450

BK 0425 PG 0454

STATE MS. - DESOTO CO.
FILED

AUG 2 12 58 PM '02

WARRANTY DEED

BK 425 PG 454
W.E. GRANTOR(S)

L. MAUREEN JOHNSTON

TO

RODNEY L. MUSGROVE ET UX

GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good, and valuable considerations, the receipt of all of which is hereby acknowledged, L. MAUREEN JOHNSTON, do hereby sell, convey and warrant unto RODNEY L. MUSGROVE AND WIFE, PATRICIA A. MUSGROVE, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 102, Section C, Ranch Meadows Subdivision, situated in Section 25, Township 1 South, Range 9 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 69, Page 13, in the office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to rights of way and easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi, and further subject to all applicable building restrictions and the restrictive covenants of record.

Taxes for the current year have been pro-rated on an estimated basis.

Possession is to be given on 7/26/02

BY WAY OF EXPLANATION Norman A. Johnston departed this life on or about 7/15/01, survived by his wife, L. Maureen Johnston.

WITNESS my signature this the 26th day of July, 2002.

L. Maureen Johnston
L. Maureen Johnston

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for said County and State, on this 26th day of July, 2002 within my jurisdiction, the within named L. Maureen Johnston, who acknowledged that she executed the above and foregoing instrument.

My Commission Expires:

Grantor Address & Phone:

116 Center Springs Dr.
Collierville, In. 38138
662-393-4450-work
na

Janet A. O'Hanail
NOTARY PUBLIC

Grantee Address & Phone:

6967 Corner Ranch Cove
Walls, ms 38688
205-914-0765-work
205-408-7402-home



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

BK 0425 PG 0455

PLEASE PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS HANDBOOK

NAME OF DECLARANT: For use by physician or funeral director

1. DECEDENT'S NAME (First, Middle, Last) NORMAN ARVEL JOHNSTON				2. SEX MALE	3. DATE OF DEATH (Month, Day, Year) JUL 15, 2001	
4. SOCIAL SECURITY NUMBER (of Decedent) 409-46-8245	5a. AGE LAST BIRTHDAY (Years) 72	5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (Month, Day, Year) MAY 3, 1929	7. BIRTHPLACE (City and State or Foreign Country) ALLEN CO., KY	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) METHODIST CENTRAL		9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS		9d. COUNTY OF DEATH SHELBY		
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) MAUREEN LAWRENCE	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) DRIVER		12b. KIND OF BUSINESS/INDUSTRY TRUCKING		
13a. RESIDENCE-STATE MS	13b. COUNTY DESOTO	13c. CITY, TOWN OR LOCATION WALLS	13d. STREET AND NUMBER OR RURAL LOCATION 6967 CORNERS RANCH CV.			
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	13f. ZIP CODE 38680	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify, if yes:		15. RACE: American Indian, Black, White, etc. (Specify) WHITE	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5) 10	
17. FATHER'S NAME (First, Middle, Last) ARVEL PEYTON JOHNSTON			18. MOTHER'S NAME (First, Middle, Maiden Surname) DONNA MAE ALEXANDER			
19a. INFORMANT'S NAME (Type/Print) MAUREEN JOHNSTON		19b. RELATIONSHIP TO DECEASED WIFE	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6967 CORNERS RANCH CV. WALLS, MS 38680			
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MT. UNION METH CEMETERY		20c. LOCATION: City or Town, State SCOTTSVILLE, KY		
21a. SIGNATURE OF FUNERAL DIRECTOR GWEN G. DAVIS		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 5723	21c. SIGNATURE OF EMBALMER JIMMY L. PRICE		21d. LICENSE NUMBER OF EMBALMER 4744	
22a. NAME AND ADDRESS OF FUNERAL HOME GOAD F.H. SCOTTSVILLE, KY 42164				22b. LICENSE NUMBER OF FUNERAL HOME 428		
23. REGISTRAR'S SIGNATURE <i>Mary Ann Steadman</i> Deputy			24. DATE FILED (Month, Day, Year) AUG 09 2001			
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Mary Ann Steadman</i>			25b. LICENSE NUMBER MD-014322	25c. DATE SIGNED (Month, Day, Year) 8/7/01		
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER			26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)		
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) FURHAN YUNUS, M.D. 1331 UNION #800 MEMPHIS, TN 38104						
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardio Pohn. Failure DUE TO (OR AS A CONSEQUENCE OF): b. Pneumonia DUE TO (OR AS A CONSEQUENCE OF): c. Lung Cancer DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST					Approximate Interval Between Onset and Death	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input checked="" type="checkbox"/> Homicide 5 <input type="checkbox"/> Investigation 6 <input type="checkbox"/> Undetermined		31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY M _____	31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)			31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

INSTRUCTIONS IN OTHER SIDE

CAUSE OF DEATH

SICIAN OR MEDICAL EXAMINER EXECUTING THIS STATE MUST AFFIX AND SIGN CERTIFICATION WITHIN 48 HOURS.

87 DECEASED

NR

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

0314-588

8121410